

**Quality Improvement Implementation**  
**Option C: Colorectal Cancer Surgical Quality Measures**  
**Project Time Period: 1/1/2021-12/31/2021**

**Summary:** The focus of this project will be improving performance on evidence-based quality measures for cancer patients undergoing surgery for colorectal cancer. We anticipate this project will promote high-quality treatment to improve short- and long-term outcomes.

**QI Implementation Requirements:**

1. Data collection: For elective colorectal cancer surgical patients, participating qualified hospitals will perform supplemental data collection that will allow the colorectal cancer-specific quality measures in the table below to be calculated. These include measures specific to rectal cancer in **blue**, measures for all colorectal cancer patients in **orange**, and measures from the [Colorectal Care Pathway](#) in **green**.
2. Multidisciplinary team: Participating hospitals will form a multidisciplinary team to review baseline data and guide quality improvement plans. The multidisciplinary team may include specialists from the following specialties (at least 2 required): surgeons who perform colorectal cancer surgery, nursing, medical oncology, pathology, radiation oncology, cancer patient navigator, gastroenterology, anesthesiology, ostomy nursing, or others as relevant to the particular hospital.

**QI Implementation Goals:** Implement all of the following process measures for each elective colorectal cancer patient as detailed below. Measurement Period will be 4/1/2021 – 12/31/2021.

Preoperative	Intraoperative	Postoperative
Pre-treatment Staging Testing: MRI or endorectal U/S (Rectal CA only)	Mesorectal Excision performed (Rectal CA only)	TME Grading (Rectal CA only)
Ostomy site Marked (Rectal CA only)		
Neoadjuvant therapy (Rectal CA only)		
CEA level obtained after diagnosis (All cases)	≥ 12 lymph nodes(All cases)	
OA/MBP	Intraoperative use of multimodal pain management (2 or more non-opioid medications)	<ul style="list-style-type: none"> <li>• Postoperative order for multimodal pain management (2 or more non-opioid medications) if d/c on POD 0</li> <li>• Postoperative use of multimodal pain management (2 or more non-opioid medications) if d/c ≥ POD 1</li> </ul>

- Goal #1: Demonstrate 75% compliance with the identified **preoperative measures. (10 points)**
- Goal #2: Demonstrate 80% compliance with the identified **intraoperative measures. (10 points)**
- Goal #3: Demonstrate 60% compliance with the identified **postoperative measures. (10 points)**

- Goal #4: Submit a **QII Project Summary** on or before **January 17, 2022** which includes a narrative and activity tracking of the steps to implementation of the colorectal cancer surgery care pathway, successes and barriers, and analysis and next steps (a template will be available on MSQC website). **(5 points)**
- The QII Project Summary submission must include the following, provided separately or integrated within the Summary:
  - Goal #5: Conduct at least one **multidisciplinary meeting** before **March 31, 2021** that includes surgeons who perform colorectal cancer surgery, nurses, quality specialists, pathologists, radiologists, oncologists, ostomy/wound care staff, anesthesia, pharmacy, and/or other relevant staff. Meeting notes including attendees must be submitted. **(5 points)**
  - Goal #6: With the multidisciplinary team, create a **patient care plan, order set or care pathway template** to be utilized by the multidisciplinary team beginning in the preoperative period and extending into the postoperative period for ensuring implementation of each element of the colorectal cancer surgery care pathway. Submit the final product to MSQC. **(10 points)**